

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION | KPA | 10541 | 7/9/00 |
| O.H.P.E. CLASSIFIER | | 10 | 7/3/00 |
| FORMALITY REVIEW | GMB | 963 | 8-17-03 |
| RESPONSE FORMALITY REVIEW | LH | 60-3 | 5-7-01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral) ... Canceled A Appeal
 ÷ Restricted 0 Objected

| Claim | Date |
|----------|-----------|
| Final | |
| Original | |
| 1 | ✓ 5/17/03 |
| 2 | ✓ |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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Best Available Copy